

**STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY**

**PROGRESS SHEET**

☐ SURFACE WATER

☒ GROUND WATER

NAME William and Kathy Gluck				TELEPHONE NO. (509) 525-9533	
ADDRESS 756 Wauna Vista Drive		CITY Walla Walla	STATE WA	ZIP CODE 99362	
ASSIGNED TO		TELEPHONE NO.		DATE ASSIGNED	
ADDRESS		CITY	STATE	ZIP CODE	
APPLICATION NO. G3-30290		PERMIT NO.		CERTIFICATE NO.	
DATE AMENDED <i>2/4/59/15</i>		DATE CANCELLED		W.R.I.A. 32	
<b>APPLICATION</b>					
DATE APPLICATION RECEIVED June 27, 2000		INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE FEE RECEIVED June 27, 2000	
STATEMENT OF ADDITIONAL EXAMINATION FEE \$		DATE SENT		DATE RECEIVED	
DATE RETURNED FOR COMPLETION OR CORRECTION				DATE RECEIVED	
<b>TEMPORARY PERMIT</b>					
APPROVED BY				DATE ISSUED	
<b>PUBLICATION</b>					
<i>Union Bulletin</i>		DATE APPROVED		DATE NOTICE SENT	
PROTESTED BY & DATE					
DATE AFFIDAVIT RECEIVED	CHECKED BY	TIME EXPIRED	DATE AMENDED NOTICE SENT	DATE AFFIDAVIT RECEIVED	TIME EXPIRED
<b>DEPARTMENT OF FISH &amp; GAME REPORT</b>					
APPROVED		PROVISO		PROTEST	
<b>EXAMINATION</b>					
DATE EXAMINATION MADE	MADE BY	DATE REPORT OF EXAM. WRITTEN		WRITTEN BY	CHECKED BY
DATE PERMIT FEE REQUESTED		AMOUNT DUE		DATE RECEIVED	
<b>PERMIT</b>					
PERMIT APPROVED BY		DATE APPROVED		PERMIT NO.	DATE ISSUED
<b>BEGINNING OF CONSTRUCTION</b>					
DATE NOTICE SENT		DATE FILED		EXTENSION FEE	
EXTENDED TO			EXTENDED TO		
<b>WELL DRILLER'S AND/OR CONSTRUCTION REPORT</b>					
DATE SENT			DATE FILED		
<b>COMPLETION OF CONSTRUCTION</b>					
DATE NOTICE SENT		DATE FILED		EXTENSION FEE	
EXTENDED TO			EXTENDED TO		
<b>PROOF OF APPROPRIATION</b>					
DATE SENT		DATE FILED		EXTENSION FEE	EXTENDED TO
DATE CERT. FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE		APPROVED BY
<b>CERTIFICATION</b>					
PROOF EXAM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		CERTIFICATE NUMBER		DATE ISSUED	

CC: State Health Dept.  
Walla Walla County Health

**Walla Walla River Basin**